



# Victim Compensation Program Late Filing Consideration

**Your Name:** \_\_\_\_\_ **Claim #:** \_\_\_\_\_

**Victim's Name (if different than above):** \_\_\_\_\_

The law states that an application for compensation must be filed within one year of the date of the crime, one year after the victim turns 18 or one year from the time it could have reasonably been known that a crime took place, whichever is later. The Victim Compensation and Government Claims Board (VCGCB) may, for certain reasons, consider extending the filing period.

For applications filed beyond the statutory limit, complete and print this form, attach it to your victim compensation application, and return it to your local victim witness center. You may also mail it to:

Victim Compensation Program ♦ P.O. Box 3036 ♦ Sacramento, CA ♦ 95812-3036

How did you first learn about the Program? Please explain.

When did you first learn about the Program?

Did you have an expense that was due to the crime within 90 days of filing your application? Did you have any expenses prior to that time that were due to the crime? How were they paid? Please explain and provide a copy of your bill(s).

A prosecuting attorney may recommend the Program accept a late application based on a victim's or family member's cooperation in the legal actions against the suspect. If this applies to you, please submit a copy of the prosecuting attorney's recommendation, or his or her name, address and phone number.

Attorney information:

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Did the prosecution or punishment of the suspect cause you to have a crime-related expense that is covered by the Victim Compensation Program? If yes, please tell us when the legal actions against the suspect ended, what your expense is and provide a copy of your bill(s).

If the crime was not reported immediately after it took place, please tell us why not. Be as specific as possible.

Please provide any other reasons or information you feel is important to explain why your application was filed past the time limit. Be as specific as possible.

Please sign and date the statement below:

*I declare under penalty of perjury (Penal Code, Section 72), that I have read all of the above questions and, to the best of my knowledge and belief, all my answers are true, correct and complete.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**If you have any questions, please call our Customer Service Unit toll-free at 1-800-777-9229.**

***Thank you!***